

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 252 (REV 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Appointments Secretary	CB/D NUMBER	DIVISION OR BUREAU			INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054			TELEPHONE NUMBER
CITY a	STATE	ZIP	CITY San Diego	STATE CA.	ZIP 92101

MONTH YEAR 12/09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
12.13.09	7:35am	OC to SAC	134.57					60.10		40.00			234.67
12.14.09	7:00pm	SAC	134.57			18.00	6.00						158.57
12.15.09	7:35am	SAC	134.57		7.03		6.00						147.60
12.16.09	9:00pm	SAC to OC					6.00	60.10		45.00	0.00		111.10
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			403.71	0.00	7.03	18.00	18.00	120.20	0.00	85.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$651.94	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

12.13.09-12.16.09- Staff meetings, review memos, meetings with potential appointees.

NORMAL WORK HOURS

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240826

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIMANT'S SIGNATURE	DATE 12/28/09	SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 1/4/10
SIGNATURE OF TITLE AUTHORITY FOR S. AL EXPENSES		DATE	